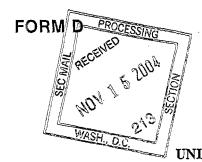
/308969



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | |
|----------------|--------------|--|--|--|--|--|
| OMB Number | 3235-0076 | | | | | |
| Expires: | May 31, 2005 | | | | | |
| Estimated ave | erage burden | | | | | |
| hours per resp | onse16.00 | | | | | |

| SE | C US | E ONLY |
|--------|-------|--------|
| Prefix | | Serial |
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| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | | |
|--|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | ☐ ULOE | |
| A. BASIC IDENTIFICATION DATA | | |
| 1. Enter the information requested about the issuer | 04 | 1049938 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | | |
| Management & Business Associates, Inc. | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Inclu | ding Area Code) |
| 6655 First Park Ten Blvd., Sulte 200, San Antonio, Texas 78213 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | (210) 226-2948 Telephone Number (Incl. | |
| Brief Description of Business | | PHOCESO |
| Company provides home health care services. | | PROCIESS NOV 1 6 200 |
| Type of Business Organization Corporation limited partnership, already formed business trust limited partnership, to be formed | please specify): | THOMSON FIMANICA |
| Actual or Estimated Date of Incorporation or Organization: 112 919 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS | | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D to 77d(6). | or Section 4(6), 17 CFR 230.50 | 01 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address. | | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 | 549. | |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures. | y signed. Any copies not ma | nually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC. | | |
| Filting Fee: There is no federal filing fee. | | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | Securities Administrator in earther the exemption, a fee in the | ach state where sales proper amount shall |
| ATTENTION — | | |
| Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of an available state exemption unle tiling of a federal notice. | | |
| Persons who respond to the collection of information contained i required to respond unless the form displays a currently valid OM | | 1 of 9 |

| | | À BASIC DI | ONTHIC | JION DATA | | | | | |
|--|----------------------|---|---------------------------------------|------------------|-------------------|-------------|-------------------------|----------|------------|
| 2. Enter the information re | quested for the fol | lowing: | | | | | | | |
| Back promoter of t | he issuer if the iss | suer has been organized w | ithin the p | ast five years; | | | | | - |
| (0) | 46.11 | er to vate or dispose, or dis | | | | | | | he issue: |
| • Each expoutive off | icer and director of | f corporate issuers and of | corporate | general and man | aging partners of | f partne | rship issuer | s; and | |
| • Each general and r | nanaging partner o | f partnership issuers. | | | • | | , | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☑ Exe | ecutive Officer | Director | | General and Managing | | |
| Full Name (Last name first, i Sanchez, Julian Ronald | f individual) | | | | | | | | , |
| Business or Residence Addre 6655 First Park Ten Blvd | • | | - | | | ···· | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Exe | cutive Officer | Director | | General an Managing | 1 | , |
| Full Name (Last name first, i | f individual) | | | · · · · · · | | | | | |
| Sanchez, Roberta Lee | | | | | ** | | | | |
| Business or Residence Addre | * | Street, City, State, Zip Co Antonio, Texas 78213 | - | | | | | | ** <u></u> |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Ext | ecutive Officer | Director | | General an Managing | 1 | |
| Full Name (Last name first, i Wilson, Judy | f individual) | | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | | | | | | |
| 6655 First Park Ten Blvd. | , Suite 200, San | Antonio, Texas 78213 | 3 | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Exe | ecutive Officer | Director | | General an Managing | | |
| Full Name (Last name first, i | f individual) | · | | | | | | | |
| Wallace, Steve | | | | | | | | | |
| Business or Residence Addre 6655 First Park Ten Blvc | | · | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Exe | ecutive Officer | ☑ Director | | General an Managing | | |
| Full Name (Last name first, i Sullivan, Ed | f individual) | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Business or Residence Addre 1124 Village Drive, China | • | | ode) | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Exc | ecutive Officer | ☐ Director | | General an Managing | | |
| Full Name (Last name first, i Heath, Daniel | f individual) | | | - | | | | | |
| Business or Residence Addre Three Point Drive #117, | - | - | ode) | | | , | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Ex | ecutive Officer | Director | | General an Managing | | |
| Full Name (Last name first, | f individual) | | | | | | | <u>-</u> | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | | | | | | |
| | (1) se blo | nk sheet, or copy and use | additional | conies of this s | heat as negector | <i>y</i> | | | |

| | | | | | B. II | VEORMAT | ON ABOU | t offeri | NG - | | 群烈情報 | | |
|--|---|--------------|----------------|------------------|-------------|---|---|---|----------------|------------------|------------------|--------------|-------------|
| | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | Yes | No | | | |
| Ι, | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | *************************************** | | X | | | |
| 2. | | | | | | | | | 0.0 | 1 | | | |
| ۷. | Wilat 15 | the minim | m mvesni | One man | | ptou mom t | my marria | | 14114233434444 | **************** | **************** | Yes | No |
| 3. | Does th | e offering p | ermit joint | ownershi | of a sing | le unit? | | ************** | | ••••••••• | | | X |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering | | | | | | | | | | | | |
| | | | | | | | | | | | with a state | | |
| | or states | | me of the b | roker or de | aler. If mo | re than five | e (5) persor | is to be list | ed are asso | | ons of such | | |
| Ful | Name (| Last name f | irst, if indi | vidual) | , | | | | | | | | |
| | | xpress Tax | | | | | | | | | | | |
| | | Residence A | | | | | (ip Code) | | | | | | |
| | | spring Drive | | | JM, MD 2 | 1093 | | | | | <u> </u> | | |
| | ris Helmi | • | 310. O. 20. | | | | | - | | | | | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States" | or check | individual | States) | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | ************* | ************ | | ☐ AJ | l States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | m | ID |
| | ΥL | IN | YA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK OK | OR. | PA |
| | RI | SC | SD | TN | TX | UT] | VT | W A | WA | WV | WI | WY | PR |
| Ful | l Name (| Last name f | īrst, if indi | vidual) | | | *************************************** | | | | | | |
| Bu | siness or | Residence | Address (N | lumber an | d Street, C | ity, State, | Zip Code) | | | | | | |
| | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·· | | | | <u> </u> | |
| Na | me of Ass | sociated Bro | oker or Dea | iler | | | | | | | | | |
| Sta | tes in Wi | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States" | " or check | individual | States) | | ., | ************* | | | | Al | l States |
| | | C ee | | EAST | (A) | [25] | [GET] | (55) | reco | - THE | | | J |
| | AL IL | AK IN | IA | AR KS | CA KY | LA | CT ME | DE MD | DC MA | FL MI | GA MN | MS MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
| | RI | SC | SD | TN | TX | UT | VI | VA | WA | WV | WI | WY · | PR |
| Fu | l Name (| Last name i | first, if indi | vidual) | | | | | | | | | |
| _ | | | . | , . , | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | _ | 7 | | | | | | |
| (Check "All States" or check individual States) | | | | | | | ************* | Al: | 1 States | | | | |
| | AL AK AZ AR CA CO CT DE DC FL GA | | | | | | | GA | HI | ĪĎ | | | |
| | | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | VV | NH TN | NJ TX | NM | NY VT | NC VA | ND WA | OH | OK. | OR WV | PA |
| | RI | SC | SD | TN | لكشا | UT | LY 1 | (V A | WA | WV | WI | WY | PR |

| - | | | |
|---|--|-----------------------------|-------------------------|
| • | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Aiready Sold |
| | Debi5 | 2,000,000.00 | \$ 1,500,000.00 |
| | | 0.00 . | \$ 0.00 |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | 131.91 | 0.00 |
| | Partnership Interests | | \$ 0.00 |
| | Other (Specify 6 6 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | | \$ 0.00 |
| | Total | | \$ 1,500,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number | Aggregate Dollar Amount |
| | | Investors | of Purchases |
| | Accredited Investors | 1 | \$ 1,500,000.00 |
| | Non-accredited Investors | <u> </u> | \$ 0.00 |
| | Total (for filings under Rule 504 only) | <u> </u> | \$ 1,500,000.00 |
| | Answer also in Appendix, Column 4, if filing under ULGE. | | • |
| | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | • | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ 0.00 |
| | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | | _{\$} 74,500.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) Lender's fees (\$30,300); Fees Paid to American Expre | ess . | \$ 90,300.00 |
| | (\$60,000) | | c 164.800.00 |

| 714 | C OFFERING PRICE NUMBER | ER OF INVESTORS, EXPENSES AN | DUSE OF PR | oceeds. | |
|------|--|--|---|---|-------------------------------|
| | b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer." | uestion 4.a. This difference is the "ad | justed gross | | 1,835,331.91 \$ |
| 5. | Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C | purpose is not known, furnish an et he payments listed must equal the adj | stimate and | | |
| | | | , | Payments to | |
| | · . | e de | | Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | *************************************** | | \$ | \$ |
| | Purchase of real estate | | | \$ | \$ |
| | Purchase, rental or leasing and installation of machinal equipment | inery | | ¢ | \$ |
| | Construction or leasing of plant buildings and facili | | | | |
| | Acquisition of other businesses (including the value | | •••••• | Ψ | |
| | offering that may be used in exchange for the assets | or securities of another | | | _ |
| | issuer pursuant to a merger) | | | | \$ |
| | Repayment of indebtedness | | | | \$\$ \$\infty\$ 489,776.15 |
| | Working capital | | | þ | \$1,345,555.76 |
| | Other (specify): Redemption of Stock | | | ν | \$ 1,040,000.70 |
| | | | | \$ | |
| | Column Totals | | | | - |
| | Column Totals | *************************************** | | | \$ <u>1,835,331.9</u> 1 |
| | Total Payments Listed (column totals added) | *************************************** | *************************************** | □ \$ <u>1,</u> 8 | 35,331.91 |
| | | D FEDERAL SIGNATURE | | | |
| sign | issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre | ish to the U.S. Securities and Exchar | nge Commissi | on, upon writter | |
| Issi | ner (Print or Type) | Signature / | D | ate 11 | |
| Ma | inagement & Business Associates, Inc. | - Maler A | KN | ovember 4, | 2004 |
| | ne of Signer (Print or Type) | Title of Signer (Print or Type) | 110 | | |
| Juli | an Ronald Sanchez | President | | | |
| | | | | | |
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| | | • | | | • |
| | | ATTENTION | | | |
| | Intentional misstatements or omissions | | l violations. | (See 18 U.S. | C. 1001.) |